

# WIC Income Questionnaire

Your appointment date is \_\_\_\_\_. Complete this form **before** your WIC appointment and bring it with you. If Section I or Section II do not apply to you, go to the other side and complete Section III. If you need help completing this form or do not know what to bring to your appointment, call the WIC office at \_\_\_\_\_.

## Section I. Medicaid, Food Stamps or TANF Benefits

Complete this section if the person applying for WIC:

- receives Medicaid, Food Stamps or TANF, or
- lives in a household where anyone in the household receives TANF, or
- lives in a household where a pregnant woman or an infant receives Medicaid

Check either "Yes" or "No" to questions 1 and 2.

- |   |  |
|---|--|
| 1. Does the person(s) applying for WIC benefits receive Medicaid, Food Stamps or TANF for the month of your appointment?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes," list all persons' names and program benefits they receive on the line below (for example: Tommy-Medicaid). _____  |  |
| 2. Does anyone in your household receive TANF or is there a pregnant woman or an infant in the household who receives Medicaid for the month of your appointment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes," list persons' names and the program benefits they receive on the line below (for example: Maria-TANF). _____  |  |

**If you answered "Yes" to either question, the only income information needed is the Medicaid, Food Stamps or TANF letter for the month of your appointment.**

I certify that all information I have provided is correct.

\_\_\_\_\_  
*Applicant's or Parent's/Guardian's Printed Name*

\_\_\_\_\_  
*Applicant's or Parent's/Guardian's Signature*

\_\_\_\_\_  
*Date*

## Section II. Foster Care

Complete this section if the person applying for WIC is in foster care.

Check either "Yes" or "No" to questions 1 and 2.

- |  |  |
|--|--|
| 1. Does the foster applicant receive Medicaid for the month of your appointment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the foster parent have a foster placement letter?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**If you answered "Yes" to either question, the only income information needed is the Medicaid letter for the month of your appointment OR the foster placement letter.**

I certify that all information I have provided is correct.

\_\_\_\_\_  
*Foster Parent's Printed Name*

\_\_\_\_\_  
*Foster Parent's Signature*

\_\_\_\_\_  
*Date*

**Complete this section if the person applying for WIC does not receive benefits from Medicaid, Food Stamps or TANF or is not in foster care.**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you work? If "Yes," and if you have more than one job, bring paycheck stubs (dated within 60 days of your appointment) from each job.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does anyone else living with you work? If "Yes," bring paycheck stubs (dated within 60 days of your appointment) from each job.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you or anyone living with you receive any items listed in a – g below? If "Yes," bring proof (dated within 60 days of your appointment).  |                              |                             |
| a. Supplemental Security Income (SSI) or disability?<br>(If a copy of award letter is needed, call 1-800-772-1213.)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Social Security check? (If a copy of award letter is needed, call 1-800-772-1213.)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions or retirement check?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Unemployment check?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Workman's compensation check?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Money or financial support from parents, relatives, friends, or any other source on a regular basis?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Child support?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes," is child support:   |                              |                             |
| court ordered? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| paid through court?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| paid every month? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did you or anyone living with you receive other money, <b>not listed above</b> , within the last 12 months (e.g. inheritance, lotto winnings)? If "Yes," please list here and bring proof of this source of income.<br>_____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you or anyone living with you on leave without pay status, reduced pay status or on Family and Medical Leave Act (FMLA)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you or anyone living with you currently use another source of income, not mentioned above, to support yourself/your family? Source of income: _____   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. All the information provided reflects my <b>USUAL gross</b> monthly household income (prior to deductions).  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date

